**SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD**

**P.O. Box 56, 80 Front Street, Sioux Lookout, Ontario P8T 1A1, Tel 807-737-4047, Toll free 1-800-563-2183**

INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAM

APPLICATION FOR FIRST NATIONS YOUTH PROGRAMS

Use a type or print clearly in black ink and attach a Job Description for each “Job Title”.

Part A

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| File Number: | | | | |
| Legal Name of Applicant: | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | | |
| City/Town: | Province: Ontario | | | | Postal Code: | | | | | Telephone | | |
| Name of Contact Person(s): | | | | | | | | | | Fax #: | | |
| Location of Activity: | | | | Duration of Activity: | | D M Y  From: | | | | | D M Y  To: | |
| Employer Type  Private Sector  Public Sector  Non-Profit Sector (First Nation) | | Which type of students do you intend to hire?  Secondary  Post-secondary  Other | | | | | Business/Organization has existed since:  D / M / Y | | | | | |
| Other Funding  Have you applied to other government programs to fund any of the jobs proposed in this application?  yes  no | | | If yes, please specify: | | | | | | W.C.B (non-profit only)  Account#  Amount: $ | | | Number of Employees. |

Part B Calculation of employer’s total cost including contribution requested.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Job Title | No. of Jobs | Start Date | No. of  Weeks | Hrs Per Week | Total Hours | Wages  Rate Per Hour | Total Wages | Mandatory  MERC | Special Costs | Overhead Costs | Total Costs |
| Col. 1 | Col .2 | Col. 3 | Col. 4 | Col. 5 | Col. 6  (Col. 4 X 5) | Col. 7 | Col. 8  (Col. 6 X 7) | Col. 9 | Col. 10 | Col. 11 | Col. 12  (Col. 8+9+10+11) |
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| Total |  |  |  |  |  |  |  |  |  |  |  |

Part C Calculation of recommended approved contribution – SLAAMB Official use.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Job Title | No. of Jobs | Start Date | No. of  Weeks | Hrs Per Week | Total Hours | Wages  Rate Per Hour | Total Wages | Mandatory  MERC | Special Costs | Overhead Costs | Total Costs |
| Col. 1 | Col .2 | Col. 3 | Col. 4 | Col. 5 | Col. 6  (Col. 4 X 5) | Col. 7 | Col. 8  (Col. 6 X 7) | Col. 9 | Col. 10 | Col. 11 | Col. 12  (Col. 8+9+10+11) |
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| Total |  |  |  |  |  |  |  |  |  |  |  |

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| Subject to the attached Terms and Conditions, the Board and the Employer agree that, upon approval of the Employer’s application, the Employer will provide the jobs, at the hourly wage rates, for the number of hours per week and for the number of weeks, all as described above in Part B and the Board agrees to pay the Employer in respect of the wages, mandatory employer costs and overhead costs related to such as jobs, a contribution not exceeding the amounts shown in Part C total columns. The Employer certifies that the proposed jobs would not be created without the contributions requested. |

For the Employer:

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| --- | --- | --- | --- |
| Name (Please print) | Position | Signature | Date |
| Name (Please print) | Position | Signature | Date |

For the Board Recommended by (SLAAMB Official use):

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Please print) | Position | Signature | Date |